



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 5315

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/509,265    | 06/28/2005<br>RULE    | 351   | 2873           | F-8241              |

**APPLICANTS**

Georg Michelson, Baiersdorf, GERMANY;  
 Dietrich Paulus, Herzogenaurach, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/03216 03/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 102 14 358.7 03/28/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | GERMANY          | 1               | 8<br>13      | 4                  |
| Verified and<br>Acknowledged   | /SCOTT J<br>SUGARMAN/<br>Examiner's Signature                       | Initials                                     |                  |                 |              |                    |

**ADDRESS**

JORDAN AND HAMBURG LLP  
 122 EAST 42ND STREET  
 SUITE 4000  
 NEW YORK, NY 10168  
 UNITED STATES

**TITLE**

Method for examining the ocular fundus

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1550 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|